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PTO/Ser/61 (01-06)
Approved for use through 12/31/2005. CMB 0051-0035
U.S. Patent and Trickemark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1935, no persons are required to rescond to a collection of inform Application Resembler affor unless it displays a valid QMB control number 10/517,386 FIRM Date 11/28/2004 POWER OF ATTORNEY First Named Inventor Theodore Ray Dimitroff and Title Method and Apparetus for Forming. CORRESPONDENCE ADDRESS Art Unit 3672 INDICATION FORM Examiner Name Nicole Cov HAM-PAUS0001 **Altorney Dockert Number** I nereby revoke all previous powers of attorney given in the above-identified application. I hereby appoint: Practitioners associated with the Oustomer Number: 58937 OR Practitioner(a) named below: Name Registration Number so revious alterney(s) or agent(s) to prosecute the application identified shove, and to trapsect all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number; The adgress associated with Customer Number: Individual Name Address City Zφ Country Talephone Email Applicant/Inventor. Assigness of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(n) (adhiptored. (Form PTO/SB/96) Assignes of Record CHATURE of A SIGNATURE 6-11-0 Theodora Roy Dimitroff Tulophone 573-449-6186 Title and Company NOTE: Signatures of all the invertors or assignees of record of the write interest of steir representative(s) are required. Submit multiple forms if more from one argument, see Delow? forms are submitted. This collection of information is required by 37 CFR 1.31, 1.32 and 7.33. The information is required to obtain or retain a benefit by the public which is to the torn by the USPTO to proceed a speciation. Confidenciatly is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including garbering, or paring, and submitting the completed application form to the USPTO. Time will very depending upon the motivation of the comments on the emount of time you require to complete that form analysis submitted that for reducing this based, should be self it in a Chief information Officer, U.S. Polarit and Trademark Office, U.S. Operatment of Commence, P.O. Box 1450, Alexandria, VA 22213-1460, DO NOT SEND FEES OR COMPLETED PORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22213-1450.

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Application Number 10/517,396

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

| Application Number | 10/517,396 | |
|------------------------|----------------------------------|--|
| Filing Date | 11/28/2004 | |
| First Named Inventor | Theodore Rey Dimitroff | |
| Title | Method and Apparatus for Forming | |
| Art Unit | 3672 | |
| Examiner Name | Nicole Coy | |
| Attorney Docket Number | HAM-PAUS0001 | |

| | Attorney Docket Number ITAN | Fraus0001 | |
|---|-----------------------------------|-----------------|--|
| I hereby revoke all previous powers of attorney giv | en in the above-identified appli- | cation. | |
| I hereby appoint: | | | |
| Practitioners associated with the Customer Number: | 58937 | , | |
| l or | | | |
| Practitioner(s) named below: | | | |
| Name | Registration Number | | |
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| as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademant Office connected therewith. | | | |
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| lam the: | | | |
| Applicant/Inventor. | | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. | | | |
| Statement under 37 CFR 3.73(b) is onclosed. (Form | | | |
| SIGNATURE of Applicant or Assignee of Record | | | |
| Name Dr Herbert Kroz | | Date X.11,6,200 | |
| Name Dr Herbert Kunz Telephone +49 89 207 02 8300 ' Title and Company Potent Attorney with Bignistory Authority, for Lettice Intellectual Property Ltd | | | |
| NOTE: Signatures of all the Inventors or assignees of record of the Antile Interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| Total of 2 forms are submitted. | | | |
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